



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1308

DATE: October 31, 2013

TO: Iowa Medicaid Medical Equipment/Supply and Pharmacy Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Pricing Modifiers for Medical Equipment

EFFECTIVE: September 1, 2013

This letter is a follow up to Informational Letter No. [1273](#) issued on August 6, 2013, regarding the added coverage of items through prior authorization (PA). When billing a claim with a PA for reimbursement over the established Medicaid fee schedule amount or a secondary ventilator, please use the following modifiers on the claim form.

- To indicate a PA for reimbursement over the established Medicaid fee schedule amount use the modifier U5.
- To indicate a PA for a secondary ventilator use the modifier TW in addition to the RR modifier.

Claims submitted without the appropriate modifier may result in an incorrect payment or denial.

The IME appreciates your partnership as we work to improve claim processing. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.